

CLAIMANT'S NAME Brian J. Stiger <i>-00</i>			SSN or EMPLOYEE NUMBER On File <i>610-100</i>			DEPARTMENT Consumer Affairs		
POSITION Director			CBID No. Exempt <input checked="" type="checkbox"/>			DIVISION or BUREAU Executive Office		
RESIDENCE ADDRESS Same as HQ			HEADQUARTERS ADDRESS 1625 North Market Blvd, Suite S308			INDEX NUMBER 8201/70201 <input checked="" type="checkbox"/>		
CITY Sacramento			STATE CA			ZIP CODE 95834		
CITY Sacramento			STATE CA			ZIP CODE 95834		

(1) NORMAL WORK HOURS
8 am- 5 pm

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED
0

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., LT, N/C, RELO, OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
01/13	0825 1936	Sacramento - Los Angeles & return <i>WE</i>							sc	9.00 15.00		0.00	9.00 15.00
01/23	0530 1810	Sacramento - San Diego & return <i>SAT</i>							sc	9.00 15.00		0.00	9.00 15.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	sc	18.00 30.00	0.00	0.00	18.00 30.00

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 18.00 \$30.00

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

01/13 - Travel to Los Angeles to attend Medical Board Task Force meeting; also met with Board of Accountancy President; return to Sacramento.
 01/23 - Travel to San Diego to attend meeting CA Chiropractic Association Board of Director's meeting and return to Sacramento.

8201 70201
293 18.00

AGENCY/ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA and used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or less than the rates set forth in Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE *B. Stiger*

DATE *01/25/10*

DATE *4/13/10*

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

CLAIMANT'S NAME Brian J. Stiger <i>-D.D.</i>		SSN or EMPLOYEE NUMBER on file 6010-100		DEPARTMENT Consumer Affairs	
POSITION Director		CB/ID No. Exempt <input checked="" type="checkbox"/>		DIVISION or BUREAU Executive Office	
RESIDENCE ADDRESS Same as HQ		HEADQUARTERS ADDRESS Sacramento 1625 N. MARKET		INDEX NUMBER 8201/70201 <input checked="" type="checkbox"/>	
CITY Sacramento		STATE CA		TELEPHONE NUMBER 574-8200	
CITY Sacramento		STATE CA		ZIP CODE 95834	

(1) NORMAL WORK HOURS
 8 am - 5 pm

USE NUMBER

(3) MILEAGE RATE CLAIMED
 0.350

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
DATE	TIME			BREAK-FAST	LUNCH	O.T., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR-USE MILES AMOUNT		
11/05	0430	Sacramento - Los Angeles - <i>Palm Springs - Los Angeles</i>	125.54						RC, PC a	10.00	0.00		135.54
11/06	1953	Los Angeles - Sacramento							RC, PC a	18.00	0.00		18.00
11/09	1030 1130	Sacramento							sc	5.25	0.00		5.25
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
(13) SUBTOTALS			125.54	0.00	0.00	0.00	0.00	0.00	RC, PC RC SC	33.25	0.00	0.00	158.79

COLUMN CODE (ACCTG. USE ONLY)

\$158.79

CLAIM TOTAL

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

11/05 - Travel from Sac via Los Angeles to Palm Springs to speak at CALSAGA
 11/05 - Travel from Palm Springs to Los Angeles
 11/06 - Attend CA Society of Health Care Attorney meeting in Los Angeles; return to Sacramento
 11/09 - Attend press conference w/Mexican Consulate in Sacramento re: mortgage fraud

8201 70201
292 125.54
297 10.00
296 18.00
293 5.25

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER 172-4117228 2/18/10 WA \$158.79

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE <i>[Signature]</i>	DATE 01/22/10	(16) SIGNA <i>[Signature]</i>	DATE 2/1/10
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	